

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA  
2001/02  
FORM 460

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CITY CLERK  
CITY OF LODI

Page 1 of 7

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07-01-01  
through 12-31-01

Date of election if applicable  
(Month, Day, Year)  
11-05-02

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)  
☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER  
1234928

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of JoAnne Mounce  
a candidate for Lodi City Council

STREET ADDRESS (NO P.O. BOX)

437 E ELM Street

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209.333.2814

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Jmounce @ lodicitycouncil.com

Treasurer(s)

NAME OF TREASURER

Constance Zweifel

MAILING ADDRESS

435 E. Elm Street

CITY STATE ZIP CODE AREA CODE/PHONE

Lodi CA 95240 209.367.1807

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01.26.02  
Date

Executed on 01-26-02  
Date

Executed on  
Date

Executed on  
Date

By Constance Zweifel  
Signature of Treasurer or Assistant Treasurer

By JoAnne Mounce  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

JoAnne L. Mounce

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City of Lodi: City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

437 E Elm Street Lodi CA 95240

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

Friends of  
JoAnne Mounce

I.D. NUMBER

1234928

NAME OF TREASURER

Constance Zweifel

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

437 E Elm

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/PHONE

209.333.2814

COMMITTEE NAME

n/a

I.D. NUMBER

—

NAME OF TREASURER

—

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

—

—

CITY

—

STATE

—

ZIP CODE

—

AREA CODE/PHONE

—

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

—

BALLOT NO. OR LETTER

—

JURISDICTION

—

☐ SUPPORT

☐ OPPOSE —

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

—

OFFICE SOUGHT OR HELD

—

DISTRICT NO. IF ANY

—

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

—

OFFICE SOUGHT OR HELD

—

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of JoAnne Mounce

Statement covers period from <u>07-01-01</u> through <u>12-31-01</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>7</u> I.D. NUMBER <u>1234928</u>
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## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>963 -</u>	\$ <u>1119 -</u>
2. Loans Received .....	Schedule B, Line 7	<u>.00</u>	<u>.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>963 -</u>	\$ <u>1119 -</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>3187 -</u>	<u>5764 -</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>4150 -</u>	\$ <u>6883 -</u>

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>n/a</u>	\$ <u>n/a</u>
21. Expenditures Made	\$ <u>n/a</u>	\$ <u>n/a</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ <u>1084</u>	\$ <u>1084</u>
7. Loans Made .....	Schedule H, Line 7	<u>.00</u>	<u>.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>1084</u>	\$ <u>1084</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>.00</u>	<u>.00</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3	<u>.00</u>	<u>.00</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>1084</u>	\$ <u>1084</u>

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
<u>07 / 05 / 02</u>	\$ <u>—</u>
<u>/ /</u>	\$ <u>—</u>
<u>/ /</u>	\$ <u>—</u>
<u>/ /</u>	\$ <u>—</u>
<u>/ /</u>	\$ <u>—</u>
<u>/ /</u>	\$ <u>—</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>156 -</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>963 -</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>1084 -</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>35 -</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>.00</u>
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07-01-01</u> through <u>12-31-01</u>		<b>CALIFORNIA FORM 460</b>
		Page <u>4</u> of <u>7</u>
		I.D. NUMBER <u>1234928</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of JoAnne Mounce

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/21/01	Betty Gates 540 E. Harney Lane Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300-	300-	n/a
07/21/01	Ida Richter 512 E Tokay Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100-	100-	n/a
—	—	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	—	—	—
—	—	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	—	—	—
—	—	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	—	—	—
SUBTOTAL \$				400-		

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$ 400-

2. Amount received this period – unitemized contributions of less than \$100 ..... \$ 563-

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 963-

**\*Contributor Codes**

IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule C**  
**Nonmonetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>07.01.01</u> through <u>12.31.0</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>7</u>
I.D. NUMBER <u>1234928</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of JoAnne Mounce

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12.31.01	Daniel Holden 1931 Holly Drive Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Intranet Develop. for Small Business	Website, Hosting, Services	600-	2500-	n/a
12.31.01	Jane Lea 1931 Holly Drive Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor for Job Corp	Brochure shipping ups	110 -	389-	n/a
12.31.01	JoAnne Mounce 437 E ELM Lodi CA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JoAnne's Bookkeeping	Billboard, Pens, Advertising	230.41	365.41	n/a
12.31.01	LOCAL 3 operating Engineers Stockton HALL Cherokee and Waterloo	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	n/a	Brochures 25,000 -	2000 -	2000 -	n/a

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 2,940.41

**Schedule C Summary**

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.) ..... \$ 2,940.41

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ 247.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL \$ 3,187.41

**\*Contributor Codes**

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Statement covers period

from 07-01-01

through 12-31-01

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I.D. NUMBER

1234928

Schedule E  
Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Joanne Mounce

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TAC candidate travel, lodging, and meals
- TMS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Tea Cozy 105 S. School Lodi, CA 95240	FND	—	120-
Beckrest Graphic Design 641 S. Ham Lane #A Lodi, CA 95242	LIT	—	300-
K ; W. Construction 1707 EL Pinal Stockton, CA 95205	CMP	—	183 00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			SUBTOTAL \$ 603 00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 764 -
2. Unitemized payments made this period of under \$100 ..... \$ 320 -
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ .00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 1084 -

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Statement covers period  
from 07-01-01  
through 12-31-01

**CALIFORNIA**  
**FORM** **460**

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I.D. NUMBER

1234928

Friends of JoAnne Mounce

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gary's Sign 1621 Akerman Lodi CA 95240	CMP	—	161—
n/a	—	—	—
n/a	—	—	—
n/a	—	—	—
n/a	—	—	—

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$** 161—